

## Progressive Project COVID DeteCT Consent Form

No-cost school testing for unvaccinated students will maximize the longevity of in-person learning by quickly detecting, tracing, and isolating COVID-19 positive individuals. COVID-19 testing will help lower the risk of transmission and allow more consistent access to in-person instruction for students. This consent form will cover the duration of Project COVID DeteCT.

### What is the test?

The test is an anterior-nasal swab test (a non-invasive swabbing of the lower nostrils) and takes only a few seconds to collect. This is a non-invasive collection method.

### Will this information be shared?

This information will be shared only for public health purposes, which may include notifying close contacts of your child if they have been exposed to COVID-19 and taking other steps to prevent the further spread of COVID-19 in your school community. Sharing information about your child will only be done in accordance with applicable laws and city policies protecting student privacy and the security of your child's data.

Student Information: <b>Required</b>	
<b>Student Name:</b>	<b>Date of Birth</b>
<b>Address:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
<b>Race (optional):</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Hawaiian/Pacific Islander	<b>Ethnicity (optional):</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
<b>School:</b>	<b>Grade Level:</b>
Parent/Guardian Information: <b>Required to be provided</b>	
<b>Parent/Guardian Name (Please Print)</b>	<b>Parent/Guardian Phone #</b>
<b>Parent/Guardian Email:</b>	

## CONSENT

My child's local school district, in collaboration with the Connecticut Department of Public Health (DPH) is arranging for this testing with Progressive Diagnostics, and DPH is paying for this testing on my behalf. By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and:

- I understand that this testing may create protected health information (PHI) of my child. I hereby authorize Progressive Diagnostics, and its subsidiaries and affiliated companies, to disclose such PHI to DPH and my child's school district.
- I authorize the collection and testing of a weekly pooled PCR, and individual PCR molecular COVID-19 test as applicable, on my unvaccinated child during school hours, through this testing program.
- I understand that the test collection type will be an anterior-nasal swab (a non-invasive swabbing of the lower portion of the nostrils) that takes only a few seconds to collect.
- I understand that I will be notified about the POSITIVE results of any pooled and any individual PCR tests. The negative results will be available in my child's secure patient portal.
- Regardless of test results, students MUST adhere to all COVID-19 school safety guidance, including mask-wearing and social distancing, and follow school protocols for isolating and testing in the event the student develops symptoms of COVID-19.
- I understand that my child must stay home if feeling unwell. I acknowledge that a positive individual test result is an indication that my child must stay home from school, self-isolate, and continue wearing a mask or face covering as directed in an effort to avoid infecting others. Dates of isolation will be assigned by the district contact tracing team.
- I understand that the school system is not acting as my child's medical provider, this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action in regard to my child's test results. I agree I will seek medical advice, care, and treatment from my child's medical provider if I have questions or concerns, or if their condition worsens. I understand I am financially responsible for any care my child receives from their healthcare provider.
- I understand that authorizing these tests for my unvaccinated child is optional and that I can refuse to give this consent, in which case, my child will not be tested.
- I understand that I can change my mind and cancel this consent at any time, but that such cancellation is forward-looking only, and will not affect information that I already consented to be released.

**Guardian Signature (required):**

**Date:**